

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V10386

1. Entity Name

THE SHORES GROUP, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90128 001 ***211.25

Principal Place of Business

Mailing Address

2617 S. ATLANTIC AVENUE
DAYTONA BEACH SHORES FL 32118

2617 S. ATLANTIC AVENUE
DAYTONA BEACH SHORES FL 32118-5605

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3165183**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOSTETTLER, JAKE
2617 SOUTH ATLANTIC AVENUE
DAYTONA BEACH SHORES FL 32118

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME WALKER, GRACE
STREET ADDRESS 2600 REED AVENUE
CITY-ST-ZIP TITUSVILLE FL 32901 ☒ Delete

TITLE VICE PRESIDENT
NAME Jim Weber
STREET ADDRESS P.O. Box 301
CITY-ST-ZIP Oklawaha FL 32183 ☐ Change ☒ Addition

TITLE VD
NAME JOSEY, ROBERT
STREET ADDRESS P.O. BOX 60216
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE Director
NAME Vernon White
STREET ADDRESS 73 Knight Box Rd.
CITY-ST-ZIP Orange Park FL 32065 ☐ Change ☒ Addition

TITLE TD
NAME LAWRENCE, DORIS
STREET ADDRESS 3800 IBIS DRIVE
CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete

TITLE Director
NAME Ernest Witt
STREET ADDRESS 1319 Blanche St.
CITY-ST-ZIP Malabar, FL 32950 ☐ Change ☒ Addition

TITLE SD
NAME HOSTETTLER, JAKE
STREET ADDRESS 2617 S. ATLANTIC AVENUE
CITY-ST-ZIP DAYTONA BEACH SHORES FL ☐ Delete

TITLE Director
NAME Joanne Clark
STREET ADDRESS 820 Galsworthy Ave
CITY-ST-ZIP Orlando FL 32809 ☐ Change ☒ Addition

TITLE D
NAME JOYAL, PAUL
STREET ADDRESS 2582 BERNICE COURT
CITY-ST-ZIP MELBOURNE FL ☒ Delete

TITLE PRESIDENT
NAME ROBERT JOSEY
STREET ADDRESS P.O. Box 60216
CITY-ST-ZIP JACKSONVILLE FL 32236 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 4, 2000

CR2E034 (9/99)